

APPENDIX D

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RFP 03-17: Independent Enrollment Broker for the Community HealthChoices Program and Other Long-Term Services and Supports Programs

Corporate Reference Questionnaire

Purpose of this Questionnaire:

To obtain feedback from the Offeror/Subcontractor Reference Contacts

This questionnaire is to be completed by:

The Offeror/Subcontractor's Corporate Reference Contacts who receive this questionnaire.

Definitions:

“Offeror”: The entity submitting a proposal in response to RFP 03-17

“Subcontractor”: An entity included in the Offeror's proposal to whom the Offeror intends to subcontract

“Reference”: The entity providing the reference information

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The Pennsylvania Department of Human Services appreciates your participation

Your specific responses and comments will be held in strictest confidence

Offeror/Subcontractor Organization about which this information is provided:

Reference Organization:

Reference Contact Name & Title:

Reference Contact Signature:

Date:

How long has the Offeror/Subcontractor Organization had a Business Relationship with the Reference Organization? Provide names of individuals proposed to work on the DHS Project that worked in the Reference Organization's Program. Include the individual's role(s) & estimated hours each individual worked on the Reference Organization's Program: Describe the nature of the work the Offeror/Subcontractor completed for the Reference Organization.

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Rating Guideline	
Rating	Description
10, 9	Excellent
8, 7	Very Good
6, 5	Good
4, 3	Fair
2, 1	Poor

Please Rate the Offeror/Subcontractor's Performance in the Following Areas

Circle the Applicable Rating

Please explain ratings of 1, 2 or NA in the Comments section below.

Area	Rating	
1. If applicable, how successful was the Offeror at selecting capable Subcontractors who were able to provide value in support of the contract performance?	10 9 8 7 6 5 4 3 2 1	NA
2. If applicable, how successful was the Offeror/Subcontractor in picking up the contract/project responsibilities during transition to the Offeror/Subcontractor from your staff or other contractor(s)	10 9 8 7 6 5 4 3 2 1	NA
3. How successful was the Offeror/Subcontractor in meeting contract requirements?	10 9 8 7 6 5 4 3 2 1	NA
4. How successful was the Offeror/Subcontractor in delivering products/services without waiver or extensions?	10 9 8 7 6 5 4 3 2 1	NA
5. How successful was the Offeror/Subcontractor in managing project scope?	10 9 8 7 6 5 4 3 2 1	NA
6. How successful was the Offeror/Subcontractor in delivering according to the established timelines?	10 9 8 7 6 5 4 3 2 1	NA
7. How successful was the Offeror/Subcontractor in managing the project within the original project budget?	10 9 8 7 6 5 4 3 2 1	NA
8. How successful was the Offeror/Subcontractor in administering a human services program?	10 9 8 7 6 5 4 3 2 1	NA
9. Offeror/Subcontractor accurate and timely determination of eligibility for a human services program	10 9 8 7 6 5 4 3 2 1	NA
10. Offeror/Subcontractor issuance of timely payments to providers	10 9 8 7 6 5 4 3 2 1	NA
11. Offeror/Subcontractor reasonableness in resolving conflicts or problems	10 9 8 7 6 5 4 3 2 1	NA
12. Offeror/Subcontractor personnel demonstrated professionalism and the necessary experience/skill	10 9 8 7 6 5 4 3 2 1	NA

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Area	Rating	
13. Offeror/Subcontractor cooperated and communicated successfully with your in-house staff, other contractors, subcontractors and customers	10 9 8 7 6 5 4 3 2 1	NA
14. Offeror/Subcontractor satisfactorily handled personnel issues (e.g. conflicts, turnover, providing experienced/skilled replacements)	10 9 8 7 6 5 4 3 2 1	NA
15. Offeror/Subcontractor was responsive in taking corrective actions to address problems (issues) that arose during the project	10 9 8 7 6 5 4 3 2 1	NA
16. Offeror/Subcontractor 's attitude towards customer service	10 9 8 7 6 5 4 3 2 1	NA
17. Offeror/Subcontractor's technical skills and knowledge	10 9 8 7 6 5 4 3 2 1	NA
18. Offeror/Subcontractor's experience in working with persons with disabilities	10 9 8 7 6 5 4 3 2 1	NA
19. Would you recommend this Offeror/Subcontractor to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA
20. Would you use this Offeror/Subcontractor in the future? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA

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1) Please explain ratings of 1, 2 or NA (Indicate the number of each of the areas on which you are commenting):

2) Any Other Comments: